

Urgency of Request: Emergent Less than one week Routine

Member Name: Last		First	M.I.	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Member Payer		Member ID Number	Date of Birth	
Subscriber Name (if different from member)			Subscriber ID Number (if different from member)	
Address (No P.O. Box)			Telephone	
Section 1: Treatment Information for Member				
A. Referral Start Date		B. Referral End Date		C. Number of Visits
D. Condition Being Treated/Diagnosis				E. Diagnosis Code
F. Service Treatment Being Requested				G. CPT Code
H. Reason(s) for Out-of-Network Treatment/Service <input type="checkbox"/> Service Not Available In-network <input type="checkbox"/> Transition of Care <input type="checkbox"/> Other – Explain:				
Section 2: Referring Provider				
A. Provider Name: Last		First	M.I.	
B. Provider Tax ID Number or SSN (mandatory)			C. Provider NPI number (optional)	
D. Provider Service Location Address (no P.O. box)				
E. Provider Phone			F. Provider Fax	
Section 3: Specialist Information				
A. Specialist Name: Last		First	M.I.	
B. Specialist Tax ID Number or SSN (mandatory)			C. NPI Number (optional)	
D. Specialist Service Location Address (no P.O. box)			E. Specialist Telephone Number	
Section 4: Signature of Referring Provider				
Referring Provider Signature			Date	

Please see reverse for decision and contact information



Section 5: Decision (MCC Designee Completes this Section)

A. Designee Name: Last	First	M.I.
B. <input type="checkbox"/> Waiver Approved (with explanation, if necessary): <input type="checkbox"/> Waiver Denied (with explanation):		
Signature	Date	

Referral Coordinator submitting waiver:
 Phone number:
 Email:

Please return completed form to MultiCare Connected Care by fax at (253) 864-4088
 If you have any questions, please contact Lisa Eskelin at (253) 403-2762

***Please note that the waiver must be processed prior to date of service(s) requested and is not approved unless approved by MultiCare Connected Care. This process can take up to 5-7 business days.